

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg
Reg. Dist. No. EFF
File No. 5096
Vet. Pot. Hillside
Registration District No. EFF
Inc. Town Primary Registration District No. 7136
Registered No.
City (No. Sts. Ward)
3 FULL NAME J. H. Orvil Garrett

(If death occurred in a hospital or institution, give its name, street or street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (Write the word)
DATE OF BIRTH <u>Feb 8 1915</u> (Month) (Day) (Year)		
AGE yrs. mos. <u>3</u> da.		IF LESS than 1 day... hrs. or... min.?
OCCUPATION (a) Trade, profession, or particular kind of work... <u>At Home</u> (b) General nature of industry business or establishment in which employed (or employer)		
BIRTHPLACE (State or country) <u>Muhlenberg County Ky</u>		
PARENTS	10 NAME OF FATHER <u>Thos. J. Garrett</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg Co Ky</u>	
	12 MAIDEN NAME OF MOTHER <u>Mary Ellen Edwards</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Hickman Co Ky</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Feb 11 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2/8, 1918, to 2/11, 1918; that I last saw him alive on 2/11/18, 1918, and that death occurred on the date stated above at 10 a.m. THE CAUSE OF DEATH* was as follows:
Abnormal Circulation
.....
..... (Duration) yrs. mos. 3 da.
Contributory (SECONDARY)
..... (Duration) yrs. mos. da.
(Signed) E. P. Grant, M. D.
2/11/18, 1918 (Address) Greenwood St

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, CAUSES such as (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death yrs. mos. ds. State yrs. mos. da.
Where was disease contracted, if not at place of death?

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. H. Orvil Garrett
(Address) Hillside Way

15
Filed 2/11, 1918 L. B. Weckhoffs
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL
not reburied
20 UNDERTAKER
McDonald Smith
DATE OF BURIAL
Feb 11 1918
ADDRESS
Greenwood St

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANT RECORD
N. B.—Every item of information should be carefully supplied. AMB should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
MAJOR KEYWORD FOR INDEXING